

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

02 APR 19 AM 10:49

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **N20977**

1. Corporation Name

KEY WEST PROFESSIONAL CENTRE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1342 COLONIAL BLVD
 G-501 K-101
 FT MYERS FL 33907
 US

1342 COLONIAL BLVD
 G-501 K-101
 FT MYERS FL 33907
 US



REINSTATEMENT 01-02

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

~~1342 Colonial Blvd~~

~~1342 Colonial Blvd~~

Suite/Apt. #, etc.
 K-101

Suite/Apt. #, etc.
 K-101

City & State
 Fort Myers, FL

City & State
 Fort Myers, FL

Zip
 33907 Country
 U.S.A.

Zip
 33907 Country
 U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida

06/04/1987

5. FEI Number

65-0006856

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	ZEHNER, CLAYTON R	1342 COLONIAL BLVD STE G501	FORT MYERS FL 33907
VSTN	ZEHNER, LORA	1342 COLONIAL BLVD STE G501 K-101	FORT MYERS FL
D	Hull, Robert	1342 Colonial Blvd ste c-20	Fort Myers, FL 33907
D	Kareh, Ahmad	1342 Colonial Blvd	Fort Myers, FL 33907
			200005414242--5 -05/01/02--01026--007 ****297.50 ****297.50

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ZEHNER, CLAYTON
 1342 COLONIAL BLVD.
 FT. MYERS FL 33907

Name
 Zehner, Lora
 Street Address (P.O. Box Number is Not Acceptable)
 1342 Colonial Blvd
 Suite/Apt. #, Etc.
 K-101
 City
 Ft. Myers State
 FL Zip Code
 33907

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Lora Zehner
 REGISTERED AGENT MUST SIGN

Date

1-24-02

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Lora Zehner
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

102-26-01 941-275-7337

CR2E040 (8/01)